

| CLAIMS ONLY                                       |          |        |                       |        |                        |        | Application Number<br><b>10749034</b> | Filing Date |       |        |
|---|----------|--------|-----------------------|--------|------------------------|--------|---------------------------------------|-------------|-------|--------|
|   |          |        |                       |        |                        |        | Applicant(s)                          |             |       |        |
| * May be used for additional claims or amendments |          |        |                       |        |                        |        |                                       |             |       |        |
| CLAIMS  | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |                                       |             |       |        |
|   | Indep    | Depend | Indep                 | Depend | Indep                  | Depend | Indep                                 | Depend      | Indep | Depend |
| 1   |          |        |                       |        |                        |        |                                       |             |       |        |
| 2   |          |        |                       |        |                        |        |                                       |             |       |        |
| 3   |          |        |                       |        |                        |        |                                       |             |       |        |
| 4   |          |        |                       |        |                        |        |                                       |             |       |        |
| 5   |          |        |                       |        |                        |        |                                       |             |       |        |
| 6   |          |        |                       |        |                        |        |                                       |             |       |        |
| 7   |          |        |                       |        |                        |        |                                       |             |       |        |
| 8   |          |        |                       |        |                        |        |                                       |             |       |        |
| 9   |          |        |                       |        |                        |        |                                       |             |       |        |
| 10  |          |        |                       |        |                        |        |                                       |             |       |        |
| 11  |          |        |                       |        |                        |        |                                       |             |       |        |
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| 13  |          |        |                       |        |                        |        |                                       |             |       |        |
| 14  |          |        |                       |        |                        |        |                                       |             |       |        |
| 15  |          |        |                       |        |                        |        |                                       |             |       |        |
| 16  |          |        |                       |        |                        |        |                                       |             |       |        |
| 17  |          |        |                       |        |                        |        |                                       |             |       |        |
| 18  |          |        |                       |        |                        |        |                                       |             |       |        |
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| 20  |          |        |                       |        |                        |        |                                       |             |       |        |
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| 49  |          |        |                       |        |                        |        |                                       |             |       |        |
| 50  |          |        |                       |        |                        |        |                                       |             |       |        |
| Total Indep                                       |          |        |                       |        |                        |        |                                       |             |       |        |
| Total Depend                                      |          |        |                       |        |                        |        |                                       |             |       |        |
| Total Claims                                      |          |        |                       |        |                        |        |                                       |             |       |        |

  

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| 100          |  |  |  |  |  |  |
| Total Indep  |  |  |  |  |  |  |
| Total Depend |  |  |  |  |  |  |
| Total Claims |  |  |  |  |  |  |